



**Amendments to the Specification** begin on page 3 of this paper.

**Pending Claims as Amended** are reflected in the listing of claims which begins on page 4 of this paper.

**Amendments to the Drawings** begin on page 9 of this paper and include both an attached replacement sheet and an annotated sheet showing changes.

**Remarks** begin on page 10 of this paper.

An **Appendix** including amended drawing figures is attached following page 13 of this paper.



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## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer No.: 23696  
Attorney Docket No.: 010477  
In Re Application of: Holtzman et al.  
Serial Number: 09/929,179  
Filed: August 14, 2001  
Examiner: Kevin C. Harper  
Group Art Unit: 2666

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.  
In addition, the following documents are enclosed:

1. ☐ A Petition for Extension of Time: ( ) month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
  - a. ☐ PTO-1449
  - b. ☐ Copies of IDS Citations (number of citations: )
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

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CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid	
Total*	15	17	0	x \$18 =	\$0	
Independent**	6	7	0	x \$86 =	\$0	
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0	
EXTENSION FEES				<input type="checkbox"/> One Month	\$110	\$0
				<input type="checkbox"/> Two Months	\$420	\$0
				<input type="checkbox"/> Three Months	\$950	\$0
INFORMATION DISCLOSURE STATEMENT				<input type="checkbox"/> After First Office Action	\$180	\$0
				<input type="checkbox"/> After Final Office Action	\$130	\$0
TERMINAL DISCLAIMER				\$110	\$0	
				TOTAL FEE	\$0.00	

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
6. ☐ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.00.  
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: August 20, 2004

Signature:

*Roberta A. Young*  
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